## EXHIBIT C

TOTAL DID (Chical Coll To) (Toros)		
UNITED STAILS BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor	Case Number	PROOF OF OLD III.
USA Commercial Mort Gant Come		
NOTE This form should not be used to make a claim for an adminis		1
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may		
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	1
dubtor owes money or property)	else has filed a proof of claim relating to your claim. Attach copy of statement	
Anar T. D. Duran	your claim Attach copy of statement giving particulars	
ADRIAN JIR DOSTHUIZEN	Check box if you have never received any	
Name and address where notices should be sent	notices from the bankruptcy court in this	
5860 LUISGNAT DNVE	case Check box if the address differs from the	
Reno, NU 89511	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONES
Telephone number 775-849-7869	the court.	THIS SPACE IS FOR COOKE ON SINCE
Last four digits of account or other number by which creditor	Check here preplaces	1.3/11/10
identifies debtor	if this claim amends a previously filed	d claim dated 12/11/06
1 Basis for Claim	Retiree benefits as defined in 11	
Goods sold	Wages salaries, and compensati	tion (fill out below)
Services performed	Last four digits of your SS #	
Money loaned Personal injury/wrongful death	Unpaid compensation for service	ces performed
	fromto	3
Taxes See EXHIBIT A	(date)	(date)
2 Data dalla	3. If court judgment, date obtained	
Date debt was incurred MAY-2005		
4 Classification of Claim. Check the appropriate box or boxes that	het describe Vour claim and state the amount e	of the claim at the time case file
See reverse side for important explanations.	Secured Claim	I the own.
Unsecured Nonpriority Claim \$ 1,355,647.65	Chack this boy if your cloum is a	The second Completed and
Check this box if a) there is no collateral or lien securing your	it claim ort in mobe of estofo	secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) n only part of your claim is entitled to priority	none or	
Unsecured Priority Claim	Brief Description of Collateral Real Estate Motor Ve	
		, <u>, , , , , , , , , , , , , , , , , , </u>
Check this box if you have an unsecured claim all or part of will entitled to priority	vinco is	
• •	Amount of arrearage and other charge secured claim, if any \$2/94	es at time case filed included in
Amount entitled to priority \$		
Specify the priority of the claim	Up to \$2,225* of deposits toward purch	hase, lease, or rental of property
Domestic support obligations under 11 USC \ 507(a)(1)(A) or (a)(1)(B)	or correcce for namenal family or house	sehold use - 11 U S C
(a)(1)(B)	Taxes or penalties owed to governmenta	tal units - 11 U S C § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debtor	- 10Λ <del></del> -	
business whichever is earlier - 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4/1/0	07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(a)(		ofter the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$ 1355 647.65 \$1358647.65	1 1355647.65
Check this box if claim includes interest or other charges in additional charges	ition to the principal amount of the claim Attach i	monty) (Total)
6. Credits The amount of all payments on this claim has been of	credited and deducted for the purpose of To	HIS SPACE IS FOR COURT USE ONLY
making this proof of claim		AIS SPACE IS PUR COURT OF THE
7 Supporting Documents: Attach copies of supporting document	nts, such as promissory notes, purchase	
orders invoices itemized statements of running accounts contrac	cts, court judgments, mortgages, security	
agreements, and evidence of perfection of lien DO NOT SEND	D ORIGINAL DOCUMENTS If the	D JAN 10 2007
documents are not available explain if the documents are volum  8. Date-Stamped Copy To receive an acknowledgment of the filtre		DAN TO
<ol> <li>Date-Stamped Copy To receive an acknowledgment of the filling addressed envelope and copy of this proof of claim</li> </ol>	ng of your claim, enclose a stamped, seit-	
Date Sign and print the name and title, if any, of the	nther person authorized to	
nie this claim (attach copy of power of attorne	ev. if any)	
1.17,07 Adam VIDT Sugar	eg,y,	USA CMC
Jalen Hurshy	- "	

	<del>tered 06/24/11 16:16:</del> 5	F Daga 2 of 11
PR	OOF OF CLAIM	os rages or ii
Name of Debtor Case N	umber	
USA COMMERCIAL MORTGAGE Ob-	10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	
11321241001552	Check box if you have	
RNR LIVING TRUST DATED 10/1/04 C/O ROBERT LEVY & RENEE LEVY TRUSTEES	never received any notices from the bankruptcy court or DO	NOT FILE THIS PROOF OF CLAIM FOR A
2115 BENSLEY ST HENDERSON NV 89044-0155	- ONI	CURED INTEREST IN A BORROWER THAT IS NOT E OF THE DEBTORS
TIENDERGON IVV 05074-0100	II Check box if this address I	If you have already filed a proof of claim with the
	envelope sent to you by the Ban	ikruptcy Court or BMC, you do not need to file again
Creditor Telephone Number 762 263-1997  Last four digits of account or other number by which creditor identifies debtor	4	THIS SPACE IS FOR COURT USE ONLY
ID #3061	Check here replaces or amends	a previously filed claim dated
1 BASIS FOR CLAIM ☐ Retiree ☐ Goods sold ☐ Personal injury/wrongful death ☐ Wasse	benefits as defined in 11 U S C §	1114(a) Unremitted principal
Wages,	salaries, and compensation (fill or	ut below) Other claims against service (not for loan balances)
Cast iou	r digits of your SS #	may replace the constraint of
Onpaid	compensation for services perforn	(date) (date)
2 DATE DEBT WAS INCURRED Dee Cottached 3 IF (	OURT JUDGMENT, DATE OBTA	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	ribe your claim and state the amount of	f the claim at the time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a right of setoff)	claim is secured by collateral (including
UNSECURED PRIORITY CLAIM	Brief description of colla	·
Check this box if you have an unsecured claim all or part of which is		Motor Vehicle  U Other
entitled to priority	Value of Collateral	\$
Amount entitled to priority \$	Amount of arrearage and ot secured claim, if any \$	ther charges <u>at time case filed</u> included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	-	
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or hou	urchase lease or rental of property or usehold use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governr	mental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other - Specify applicable paragrap	
	with respect to cases commenced of	nt on 4/1/07 and every 3 years thereafter on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 200	000 \$	\$ 200,000
(unsecured)	, ,	nority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemize	d statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , so running accounts, contracts, court judgments, mortgages, security agreement	uch as promissory notes, purchase	e orders, invoices, itemized statements of
DOCUMENTS If the documents are not available, explain if the documents		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim		If-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporate	ng Pacific time, on November 13	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BY MAIL TO BY MAIL TO BY MAIL TO	OR OVERNIGHT DELIVERY TO	
BMC Group BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center	oup ACM Claims Docketing Center	FLED OCT 0 9 2006
P O Box 911 1330 Ea	st Franklin Avenue ido, CA 90245	2 2 3 3 2 3 3 3
DATE SIGN and print the name and title if any of the creditor of	or other person authorized to file.	USA CMC
thus claim (attach copy of power of attorney if any)	LEVY TRUSTEES	1072500494

FORM B10 (Official Form 10) (10/05)

TOTAL DIO (Cincial Form To) (10/05)						
UNITED STALLS BANKRUPTCY COURT DISTRICT OF Nevada						PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR						
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma						1
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Pensco Trust Company Custodian for Robert William Ulm IRA	else you	has filed r claim ng partic	l a proc Attach ulars	re aware that of of claim is copy of sta	relating to itement	
Name and address where notices should be sent Robert W Ulm -Beneficiary 414 Morning Glory Road	not	ces from	the ba	ave never re ankruptcy co ldress differ	ourt in thi	s
St Marys GA 31558 Telephone number 912-673-6020	add the	ress on ti court.	ne enve	elope sent to		THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 3748		ck here is claim	an	nends a pr		filed claim dated 11/06/06
Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes			Vages ast fou Inpaid	salaries, an ir digits of	d compe your SS ion for se	ervices performed to
Other See Exhibit A  2 Date debt was incurred	3	16				(date)
2 Date debt was incurred 11/21/03	3	II cou	rt jua	gment, da	e obtain	ea
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 75,000 107,753  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10 000),* carned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	r claim or none or which is	Amou secure Up to \$ 507(a Taxes or Other	Check to of set	claim  this box if stoff)  Description cal Estate of Collaterarrearage and m, if any stoff deposits personal falties owed to y applicable ect to adjust	of Collate Mote al \$1 depth of \$2,862 depth of government on menced of the collapse of the col	eral or Vehicle Other Jinknown  narges at time case filed included in courchase lease or rental of property thousehold use - 11 U S C nental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter in or after the date of adjustment
<b></b>	§ htton to th	(unsecu	ed)	(secur	ed)	(priority) (Total)
Check this box if claim includes interest or other charges in addinterest or additional charges  Credits  The amount of all payments on this claim has been						
making this proof of claim  7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are not available explain if the documents are voluments are not available explain.	ents, such octs court of ORIGIN	as promi udgmen IAL DO ach a sui	ssory r ts, mor CUMI mmary	notes purch rtgages, sec ENTS If th	uase unty ie	THIS SPACE IS FOR COURT USE ONLY  FILED JAN 1 1 2007
O1/08/06  Sign and print the name and title if any of the file this claim that copy of power of attornation.  That it is a sign and print the name and title if any of the file this claim that copy of power of attornation.	he creditor ney, if any	or other	person	n authorize	d to	USA CMC
The second second						1072502090

Case Objab (	16510W25-16\0C 65567	<u> 32171</u>	geregija 19/44//3	<u> 9/08</u>	Tobasie Lat	6 20 OI TT	
UNITED STATES BANKR	UET FACE DE TRANSPORTE		OF OF CL				
Name of Debtor:		Case Number:			1		
USA Commercial Mortgage	Company	06-107	25-LBR				
NOTE: See Reverse for List of Debtors a This form should not be used to make a c arising after the commencement of the ca administrative expense may be filed purs Name of Creditor and Address RULON, PHILLIP 2800A WRONDEL WAY RENO NV 89502	elaim for an administrative expense. A "request" for payment of uant to 11 U.S.C. § 503.	f an	Check box if you aware that anyone el filed a proof of claim to your claim. Attach statement giving part  Check box if you never received any nifrom the bankruptcy of BMC Group in this call the check box if this differs from the addressiveles and the covert.	se has relating copy of iculars.  have otices court or ase.  address ass on the	DEBTORS YOU DO OF CLAIM. THIS I BORROWER HEL  DO NOT FILE THIS SECURED INTERI ONE OF THE DEB if you have alre Bankruptcy Court of	BEING SERVICED O NOT HAVE TO F INCLUDES MONEY D IN THE COLLEC S PROOF OF CLAF EST IN A BORROW ETORS. ady filed a proof of or BMC, you do not	BY THE FILE A PROOF OF FROM THAT TION ACCOUNT. M FOR A VER THAT IS NOT claim with the need to file again.
Creditor Telephone Number ( ) 725 Last four digits of account or other number		obtor	-		THIS SPACE	IS FOR COURT	USE ONLY
0875	er by which creditor identifies at	eblor:	Check here if this claim	replac or amen	O DEGLADATE	filed claim dated:	
1. BASIS FOR CLAIM		Retiree b	enefits as defined in	n 11 U.S.	C. § 1114(a)	Unremitted	orincipal
Goods sold Person Services performed Taxes	al injury/wrongful death	•	salaries, and compe digits of your SS#:	•	fill out below)	Other claims (not for loan	against service balances)
Money loaned Other (	describe briefly)		ompensation for se		rformed from:	to	(date)
2. DATE DEBT WAS INCURRED:		3. IF C	OURT JUDGMENT,	DATE O	BTAINED:	(44.14)	()
4. CLASSIFICATION OF CLAIM. Check		best descri	be your claim and stat	e the amo	unt of the claim at th	e time case filed.	
See reverse side for important explanations.  UNSECURED NONPRIORITY CLAIM			SECURED CL	AIM.			•
Check this box if: a) there is no collateral exceeds the value of the property securin entitled to priority.	or lien securing your claim, or b) y	our claim ur claim is	a right of s	setoff).	our claim is secure	ed by collateral (in	ncluding
UNSECURED PRIORITY CLAIM			Brief desc	-			
Check this box if you have an unsecured entitled to priority.	claim, all or part of which is		✓ Real E		Motor Vehicle	Other	
Amount entitled to priority \$  Specify the priority of the claim:			Amount of arre		nd other charges	at time case filed	included in
Domestic support obligations under 11 U.	S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of dep				
Wages, salaries, or commissions (up to \$ before filing of the bankruptcy petition or	cessation of the debtor's		services for personal Taxes or penalties of	•		• • • • • • • • • • • • • • • • • • • •	
business, whichever is earlier - 11 U.S.C.	•		Other - Specify appl	icable para	agraph of 11 U.S.C.	§ 507(a) ().	
Contributions to an employee benefit plan	1-11 0.5.C. 9 507(a)(5).	4	* Amounts are subje with respect to case				eafter
5. TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED:	\$ \	503,4	77.62 \$			\$	
Check this box if claim includes interest	(unsecured)	_ (s	ecured)	Attach ite	( priority) mized statement of		Total) tional charges.
6. CREDITS: The amount of all paymen 7. SUPPORTING DOCUMENTS: Att. running accounts, contracts, court judge DOCUMENTS. If the documents are 8. DATE-STAMPED COPY: To receipt proof of claim.	ach copies of supporting docur gments, mortgages, security ag not available, explain. If the do	<u>ments,</u> su greements ocuments	ch as promissory no s, and evidence of p are voluminous, att	otes, purd erfection ach a sur	chase orders, invo of lien. DO NOT nmary.	ices, itemized sta SEND ORIGINA	L.
The original of this completed proo ACCEPTED) so that it is actually rec	f of claim form must be sent	by mail o	r hand delivered (f	FAXES N	OT 2006	THIS SPACE	
for each person or entity (including governmental units).	individuals, partnerships, co	orporation	ns, joint ventures,	trusts ar	nd	USE (	JNL T
BY MAIL TO: BMC Group	·	BMC Grou					
Attn: USACM Claims Docketing Center P. O. Box 911			CM Claims Docketii : Franklin Avenue	ng Cente			
El Segundo, CA 90245-0911		El Segund	lo, CA 90245				
	int the name and title, if any, of the aim (attach copy of power of attorned)		other person authorize	ed to <del>file -</del>	THE MI		
11-2-2006 PHIL	If M. Brv/Od AN	n SHI	Alsh 5. AL	los	SIM THE		

ORM B10 (Official Form 10) (10/05)	Description	or or		lovada	05 05 01 AUA	
UNITED STATES BANKRUPTCY COURT	DISTRI	CI OF		evada	PROOF OF CLAIM	
lame of Debtor  115A COMMERCIAL MONTUAGE (0 06-10725-LBR						
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may						
Name of Creditor (The person or other entity to whom the diction owes money or property)  APTH-IR F & LYAA S SCHAFFER, THE STEES LIVING TIZEST DATES 10/24/91  Name and address where notices should be sent	else ha your c giving Check notice	is filed a laim A particul	a pr ttac lars	are aware that anyone of of claim relating to h copy of statement have never received any bankruptcy court in this		
ARTHUR TOHN TZER  ZO155 NE 38 h CT, #1604  AVENTURA, FL 33180  Telephone number 305- 432 8035	Case Check addres	s on the	the e en	address differs from the velope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor	Check		$\square$	replaces	Lalaum dated	
identifies debtor 0983	ıf this	claım		amends a previously filed		
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes		☐ W U	age ast npa	ee benefits as defined in less salaries and compensation digits of your SS # _ ind compensation for serv t _ (date)	uon (fill out below) uces performed	
Taxes SEE EXHIBIT A	1.0			T data abtamad		
2 Date debt was incurred  JUNE, 2004  4. Classification of Claim Check the appropriate box or boxes to	3.			udgment, date obtained		
Unsecured Nonpriority Claim \$\frac{1774}{903}\frac{40}{90}\$  Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it, or if conly part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \(\xi\) 507(a)(1)(A) (a)(1)(B)  Wages, salaries or commissions (up to \(\xi\)10 000) * earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier 11 U S C \(\xi\) 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \(\xi\) 507.	which is  or thin 180  ebtor s *A 7(a)(5)	Amo secu Up to or serv § 5077 Taxes Other mounts with r	Vanished States of States	ref Description of Collater Real Estate Motor line of Collateral Motor line of Collateral Motor line of Collateral Motor of arrearage and other cha claim, if any \$27,2  225* of deposits toward pust for personal family or h openalties owed to governm pecify applicable paragrap a subject to adjustment on 4 lect to cases commenced on	Vehicle Other—  Trees at time case filed included in 32, 33  Trichase lease or rental of property ousehold use - 11 U S C  The ental units - 11 U S C § 507(a)(8) the of 11 U S C § 507(a)()  The first the date of adjustment or after the date of adjustment (Total)	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges						
6 Credits The amount of all payments on this claim has be making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts confidence of perfection of lien. DO NOT State documents are not available explain. If the documents are vidence of perfection of lien. DO NOT State Date-Stamped Copy. To receive an acknowledgment of the addressed envelope and copy of this proof of claim.  Date Sign and print the name and trile, if any, file this claim (attach copy of powers of a	numents, such intracts cour SEND ORIG Foluminous, a ne filing of your of the credit	n as pro t judgm INAL l attach a our clas	mis nent DO sui m,	ssory notes, purchase s mortgages, security CUMENTS If the mmary enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY	
Penalty for presenting fraudulent claim. Fine of up to \$500 00	7/	TRU			USA CMC	

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	District of Nevada	PROOF OF CLAIM				
Name of Dubtor USA Commercial Mortgage Con						
NOTE This form should not be used to make a claim for of the cise. A request for payment of an administrative e	n administrative expense ansing after the commenceme pense may be filed pursuant to 11 USC § 503	nt				
Name of Creditor (The person or other entity to whom the dubtor owes money or property). The Schoonover Family Trust Dated 2/23 C/O Edward L and Susan A Schoonove Co-TTEES.  Name and address where notices should be sent Edward L and Susan A Schoonover 164 Shorett Dr Friday Harbor WA 98250	Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars  Check box if you have never received notices from the bankruptcy court in to case  Check box if the address differs from the address on the envelope sent to you by	any his				
Telephone number  Last four digits of account or other number by which credit identifies debtor	or Check here replaces If this claim amends a previousl	y filed claim dated				
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other — See Exhibit A	Retiree benefits as defined Wages salaries and comp Last four digits of your S Unpaid compensation for from	tin II U S C § III4(a) pensation (fill out below) S # services performed				
2 Date debt was incurred 06/01/2004	3 If court judgment, date obta	ined				
4 Classification of Claim Check the appropriate box see reverse side for important explanations  Unsecured Nonpriority Claim \$ 134 724 50  Check this box if a) there is no collateral or lien see b) your claim exceeds the value of the property securing only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507 (a)(1)(B)  Wages salaries or commissions (up to \$10 000) * eads before filing of the bankruptcy petition or cessation business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan 11 U S	Secured Claim  Check this box if your claim or a right of setoff)  Brief Description of Col  Real Estate M  Value of Collateral \$  Amount of arrearage and other secured claim if any \$42  Up to \$2 225* of deposits towar or services for personal family \$ \$507(a)(7)  Taxes or penalties owed to gove of the debtor s  *Amounts are subject to adjustment with respect to cases commence.	aim is secured by collateral (including lateral otor Vehicle Other————————————————————————————————————				
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other chinterest or additional charges	\$ 134724 50 (unsecured) (secured) rges in addition to the principal amount of the claim	(priority) (Total) Attach itemized statement of all				
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  THIS SPACE IS TOR COURT USE ONLY						
7 Supporting Documents Attach copies of support orders invoices itemized statements of running accordance agreements and evidence of perfection of lien DO documents are not available explain If the documer 8 Date Stamped Copy To receive an acknowledgment addressed envelope and copy of this proof of claim Date Sign and print the name and title file this claim (attach copy of po 01/10/2007 Edward L Schoonover Co-	notes contracts court judgments mortgages security NOT SEND ORIGINAL DOCUMENTS If the is are voluminous attach a summary int of the filing of your claim enclose a stamped self-if any of the creditor or other person authorized to ver of attorney, if any	FILED JAN 11 200;				
Penalty for presenting fraudulent claim. Fine of up to	COTIRUSTON					

Entered 06/24/11 16:16:55 FORM B10 (Official Form) (00)-(10/08)5-GWZ Doc 8553-3 Page 8 of 11 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the dublor owes maney or property) LouisE cise has filed a proof of claim relating to your claim Attach copy of statement giving particulars TEETER IRA ROLLOVER ☐ Check box if you have never received any notices from the bankruptcy court in this ROBERT C. LEPOME 10/20 S. EASTERN # 200 Check box if the address differs from the HENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number (702) 492-1271 the court. Last four digits of account or other number by which creditor Check here replaces identifies debtor if this claim amends a previously filed claim dated\_ GENERAL UNSECURED OF CHAIM - CLASS 4 1 Basis for Claim Retiree benefits as defined in 11 USC § 1114(a) Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS# Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death (date) (date) NEGLICENCE & FRAUD Ռ Other -Date debt was incurred JAN 1,2005 If court judgment, date obtained APRIL 12, 2006 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim 5\_197. Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other. Unsecured Priority Claim Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$\_ Amount entitled to priority \$\_ Specify the priority of the claim ☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U S C. ☐ Domestic support obligations under !1 U S C. § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)☐ Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) ☐ Wages, salanes, or commissions (up to \$10 000) \* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) ☐ Other - Specify applicable paragraph of II USC § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) 197814 5 Total Amount of Claim at Time Case Filed (unsecured) (secured) (Total) (prienty) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits The amount of all payments on this claim has been credited and deducted for the purpose of THES SPACE IS FOR COURT USIN ONLY making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary 8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, selfileD DEC 0 8 2006

addressed envelope and copy of this proof of claim Date

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

BAD# 1980

OME, ATTY FOR CLAIMANT

ARABONE DE CO	Caca	06-10725-awz Doc 85	53-3 Er	ntered 06/24/11 16:1	6:55 Pag	e 9 of 11
3			PR	ntered 06/24/11 16:1 OOF OF CLAIM		
Na	me of Debtor		Case Number			
NO.	A Commercial Mu	of Debtors and Case Numbers	06-	10725		
This	s form should not be used sing after the commencem	d to make a claim for an administrative nent of the case A "request" for payn be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
	me of Creditor and			to your claim Attach copy of statement giving particulars		
'`		<b> </b>	03365			
1	FRED TERIA	ANO		Check box if you have never received any notices	1	
	PO BOX 963			from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A
	LAS VEGAS	NV 89193-6331			ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS
				Check box if this address differs from the address on the		eady filed a proof of claim with the
<u>_</u>		<del>,</del>	·	envelope sent to you by the court		or BMC you do not need to file again
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Las	34	•	ines debior	Chock here replain or armer	<ul> <li>a previously</li> </ul>	flied claim dated
1 E	BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death	☐ Wages	, salanes and compensation (	fill out below)	Other claims against service
<u> </u>	Services performed	☐ Taxes	Last for	ur digits of your SS#		(not for loan balances)
Ľ	Money loaned	Other (describe briefly)	Unpaid	compensation for services pe	rformed from	to
<u></u>			- 12 :			(date) (date)
	DATE DEBT WAS INCUR	RRED \\\\(\(\(\(\C\)\\\\\\\\\\\\\\\\\\\\\\\\		COURT JUDGMENT, DATE C		the time case filed
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UN	ISECURED NONPRIORIT	TY CLAIM \$		SECURED CLAIM	our dam is secil	red by collateral (including
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UN	SECURED PRIORITY CL	LAIM		Real Estate	_	e 🔲 Other
		an unsecured claim all or part of which is				e Li Otner
ł	entitled to priority			Value of Collateral	· ·	1
-	Amount entitled to priority	\$		Amount of arrearage at secured claim, if any	nd other charges \$	at time case filed included in
	Specify the priority of the cli	aiaim Ins under 11 U S C § 507(a)(1)(A) or (a)(1	VR) <b>r</b>			
		issions (up to \$10 000)* earned within 180		Up to \$2 225* of deposits toward services for personal family of the control o		
	before filing of the bankrupt	otcy petition or cessation of the debtor's	[	Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)
	1	tier 11 U S C § 507(a)(4)	[	Other - Specify applicable par	agraph of 11 USC	§ 507(a) ( )
	Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commen		
5 1	TOTAL AMOUNT OF CLA	AIM \$	\$ 16.5	000= \$	Of WIGH INC	\$ 165.0000
	AT TIME CASE FILED	(unsecured)		(secured)	( pnonty)	(Total)
	Check this box if claim incli	ludes interest or other charges in addition	n to the principa	` '	mized statement of	of all interest or additional charges
7	SUPPORTING DOCUM	of all payments on this claim has been MENTS Attach copies of supporting	documents.	such as promissory notes pur	chase orders inv	voices, itemized statements of
		cts court judgments mortgages sec cuments are not available, explain If				71 SEIND ORIGINAL
	DATE-STAMPED COP proof of claim	To receive an acknowledgment	of the filing of	f your claim enclose a stampe	d, self-addressed	d envelope and copy of this
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		s actually received on or before 5 0 ty (including individuals, partnersh				USE ONLY
	governmental units)		DVUAN	n OD OVEDNIGHT DEI IVERY TO		
BY MAIL TO BMC Group  BMC Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group						
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center 1330 East Franklin Avenue						
	El Segundo CA 90245-09	911		ndo CA 90245	FILE	D OCT 16 2006
DA		SIGN and print the name and title if any this claim (attach copy of power of			TIL	HD 00 1 = = =====
	10-12-06	Hand ordini (attach copy of power of	· attorney is ally	1		USA CMC
L_	asky for presenting front de-	t claim is a fine of un to \$500,000 or impres	and_	a Funcion or both 40 U.S.C. CC	452 AND 2574	1072500603

## REC'D APR 28 2006

FORM B10 (Official Γorm 10) (04/04) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA SECTION AND DESCRIPTION OF THE PARTY OF THE Name of Debtor Case Number , FD USA COMMERCIAL MORTGAGE COMPANY BK \$ 06-10725-LBR NCTE: This prin should poblemised to make a some rown, additions transceive APH 15 3 12 PM '06 Name of Creditor (The person or other entity to whom the debtor owes Check box if you are aware that anyone else has filed a proof of money or property) CARLOS A IRUJILLO claim relating to your claim Attach copy of statement giving Fullish 11 1 19 particulars Name and address where notices should be sent Check box if you have never received any notices from the 2818 Horsehoe Drive bankruptcy court in this case Las Vegas, NV 89120 Check box if the address differs from the address on the envelope Telephone number (702) 325-4329 sent to you by the court This space is for court use only Account or other number by which creditor identifies debtor Check here replaces a previously filed claim, dated June 1 2004 if this claim amends 1 Basis for Claim Retiree benefits as defined in 11 USC § 1114(a) Goods sold Wages salaries, and compensation (fill out below) Services performed Last four digits of SS # 図 Money loaned Unpaid compensation for services performed Personal injury/wrongful death Taxes (date) (date) Other 2 Date debt was incurred 3 If court judgement, date obtained 2006 4 Total Amount of Claim at Time Case Filed \$ \$240,000 00 \$240,000 00 (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 5 Secured Claim 7 Unsecured Priority Claim Check this box if you have an unsecured priority claim Check this box if your claim is secured by collateral (including a Amount entitled to priority \$ 2,592 00 right of setoff) Specify the priority of the claim Bnef Description of Collateral Wages salaries or commissions (up to \$4,925),\* earned within 90 days before filing of the bankruptcy petition or cessation of the Real Estate Motor Vchicle debtor's business whichever is earlier 11 USC § 507(a)(3) Other Contributions to an employee benefit plan - 11 U S C § 507(a)(4) Value of Collateral \$ 32,850,000 00 Up to \$2 225\* of deposits toward purchase, lease, or rental of property or services for personal family, or household use - 11 U S C Amount of arrearage and other charges at time case filed included in § 507(a)(6) secured claim if any \$ Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U S C § 507(a)(7) 6 Unsecured Nonpriority Claim \$ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) . Check this box if a) there is no collateral or lien securing your Other - Specify applicable paragraph of 11 USC § 507(a)() claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making This space is for court use only this proof of claim 9 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts, contracts court judgements, mortgages filed date agreements and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 10 Date-Stamped Copy 4/19/06 To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim Sign and print the name and title, if any, of the creditor or other person authorized to 4-18-06 h conty of power of tto ney, if any) CARLOS A TRUJILLO

Fine of to \$50000 or imprisonment for up to 5 years or both 18 U S

Penalty for presenting fradulent claim

**3M B10** (Official Form 10) (10/05)

United Stalls Bankrupicy Court	District of Nevada	PROOF OF CLAIM					
Name of Debtor USA Commercial Mortgage Company							
NOTE This form should not be used to make a claim for an administrative expense ma							
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Robert W Ulm, an unmarried man	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.						
Name and address where notices should be sent Robert W Ulm	Check box if you have never received any notices from the bankruptcy court in this case						
414 Morning Glory Road St Marys GA 31558 Telephone number 912-673-6020	Check box if the address differs from the address on the envelope sent to you by the court	This Space is for Court Use Only					
Last four digits of account or other number by which creditor identifies debtor 3748	Check here replaces amends a previously filed	claim dated					
Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other	Retiree benefits as defined in 11  Wages salaries and compensation  Last four digits of your SS #  Unpaid compensation for service  from	on (fill out below) es performed					
2. Date debt was incurred 02/02/04 and subsequent	3 If court judgment, date obtained	(and,					
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations  Unsecured Nonpriority Claim \$ Unknown  Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$							
Specify the priority of the claim  Domestic support obligations under 11 U S C \ 507(a)(1)(A) or \ (a)(1)(B)  Wages salaries or commissions (up to \$10 000),* earned within 180  Other Secrets are least or rental of property or services for personal family or household use - 11 U S C \ 507(a)(8)  Other Secrets are least or rental of property or services for personal family or household use - 11 U S C \ 507(a)(8)							
Wages salaries or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5)  Other - Specify applicable paragraph of 11 U S C \$ 507(a)()  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment							
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in add	(unsecured) (secured) (pr	CLAIN VICTORIAN TOTAL TO					
6. Credits The amount of all payments on this claim has been		HIS SPACE IS FOR COURT USE ONLY					
making this proof of claim  7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary  8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-FILED JAN 11 2007 addressed envelope and copy of this proof of claim.							
Date Sign and print the name and title, if any of the file that claim (attach copy of power of attornal to the file that claim (attach copy of attornal to the file that claim (attach copy of attornal to the file that claim (attach copy of attornal to the file that claim (attach copy of attornal to the file that claim (attach copy of attornal to the file that claim (attach copy of attornal to the file that claim (attach copy of attornal to the fil	the creditor or other person authorized to	USA CMC					